Case 20-13595-JNP Doc 28 Filed 05/05/21 Entered 05/05/21 09:42:23 Desc Main Document Page 1 of 5

Fill in this information to identify your case:							
laureen M. Falls							
rst Name	Middle Name	Last Name					
rst Name	Middle Name	Last Name					
otcy Court for the:	DISTRICT OF NEW JERSEY						
3595							
	laureen M. Falls rst Name rst Name otcy Court for the:	Taureen M. Falls rst Name Middle Name rst Name Middle Name  otcy Court for the: DISTRICT OF NEW JERSEY					

Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pa	t 1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	560,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	26,530.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	586,530.00
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	167,000.00
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	125,666.4
	Your total liabilities	\$	292,666.45
Pai	t 3: Summarize Your Income and Expenses		
١.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	8,235.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,325.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other so	hedules.
7.	■ Yes What kind of debt do you have?		

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 Maureen M. Falls Case number (if known) 20-13595

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clain	1
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fill	in this information	to identify your ca	ase.								
	btor 1	Maureen M.									
I	btor 2 buse, if filing)										
Un	ited States Bankrup	otcy Court for the	: DISTRICT OF NEW .	IERSEY		_					
Ca	se number 20	-13595					Che	ck if this is			
(If kı	nown)			_				An amende	ed filing		
										g postpetition ollowing date:	
<u>O</u>	fficial Form	<u> 1061</u>						MM / DD/ \	/YYY		
S	chedule I:	Your Inc	ome								12/15
spo atta Pa	use. If you are sep ch a separate she rt 1: Describ	parated and you set to this form. se Employment	are married and not fili r spouse is not filing w On the top of any additi	ith you, do not inclu	ide infor	mation	abo	ut your sp	ouse. If m	ore space is	needed,
1.	Fill in your emplinformation.	loyment		Debtor 1				Debtor 2	2 or non-fi	iling spouse	
	If you have more		Employment status	■ Employed	■ Employed			☐ Employed			
	attach a separate information abou employers.		Employment status	☐ Not employed				☐ Not employed			
	. ,		Occupation	Nuru							
	Include part-time self-employed wo		Employer's name	Friend's Village	)						
	Occupation may or homemaker, if		Employer's address	1 Friends Drive Woodstown, N.							
			How long employed t	here?							
Pai	rt 2: Give De	etails About Mor	nthly Income								
	imate monthly incuse unless you are		ate you file this form. If	you have nothing to r	eport for	any lin	e, wri	te \$0 in the	space. In	clude your no	n-filing
	ou or your non-filing e space, attach a s		ore than one employer, co	ombine the informatio	on for all e	employ	ers fo	r that perso	on on the li	nes below. If	you need
						F	or D	ebtor 1		btor 2 or ing spouse	
2.			ry, and commissions (b calculate what the month		2.	\$_		9,533.00	\$	N/A	
3.	Estimate and lis	st monthly overt	ime pay.		3.	+\$_		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	9.	533.00	\$	N/A	

Debt	or 1	Maureen M. Falls		C	Case number ( <i>if know</i>	n)	20-13	595		
					For Debtor 1		non-f	ebtor	pouse	
	Cop	by line 4 here	4.		\$ 9,533.0	0	\$		N/A	
5.	List	t all payroll deductions:								
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b		\$ 2,498.0 \$ 0.0		\$		N/A N/A	-
	5c.	Voluntary contributions for retirement plans	5c		\$ 0.0		\$		N/A	=
	5d.	Required repayments of retirement fund loans	5d		\$ 0.0	_	\$		N/A	
	5e.	Insurance	5e	<b>)</b> .	\$ 0.0	_	\$		N/A	-
	5f.	Domestic support obligations	5f.		\$ 0.0		\$		N/A	<del>-</del>
	5g.	Union dues	5g	١.	\$ 0.0	0	\$		N/A	•
	5h.	Other deductions. Specify:	5h	1.+	\$ 0.0	0	+ \$		N/A	- -
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 2,498.0	0	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$7,035.0	0	\$		N/A	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	tall other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify:	8a 8b 8c 8d 8e 8f8g8h	). 	\$ 1,200.0 \$ 0.0 \$ 0.0 \$ 0.0 \$ 0.0 \$ 0.0 \$ 0.0 \$ 0.0	0 0 0 0	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		N/A N/A N/A N/A N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,200.0	0	\$		N/A	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	8,235.00 +	\$	-	N/A	= \$	8,235.00
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť —	0,200.00	Ť –		17/7		0,200.00
11.	State Included Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		•			thedule		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	8,235.00
13.	Do :	you expect an increase or decrease within the year after you file this form' No. Yes. Explain:	?							y income

Fill in this information to identify you	r case:		
Debtor 1 Maureen M. Fall	-		
First Name	Middle Name	Last Name	
Debtor 2			
(Spouse if, filing) First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:	DISTRICT OF NEW JERS	SEY	
Case number (if known) 20-13595			_
(II KNOWN)			■ Che
			am

Check if this is an amended filing

#### Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
D	id you pay or agree to pay someone who is	OT an attorney to help you fill out bankruptcy forms?	
	No		
	Yes. Name of person	Attach Bankruptcy Petiti  Declaration, and Signati	
	at they are true and correct.	ad the summary and schedules filed with this declaration and  X  Signature of Debtor 2	

Official Form 106Dec